参会意向表

 **市/单位名称（加盖公章） 联系人： 职务：**

**办公电话： 手机： 邮箱：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **工作单位** | **职务** | **手机** |
| 团长 |  |  |  |  |  |
| 秘书长 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |